WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

All waiver requests regarding a PHYSICAL PLANT REQUIREMENT MUST BE ACCOMPANIED BY REDUCED PLANS on 8½" x 11" sheets for clarification of specific physical plant condition to be waived. Physical plant waiver requests received without accompanying plans will be returned as "DENIED".

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT FOR WHICH A WAIVER IS REQUESTED.

Facility's Licensed Name or Proposed Name | Address, including zip code

If Hospital/Clinic Satellite, Name | Address, including zip code

Hospital/Clinic Department | Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT:
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

Form continues on Page 2

Facility's Licensed Name or Proposed Name | Address, including zip code

Regulation/Requirement Citation: _____

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

FACILITY AUTHORIZED REPRESENTATIVE:

Name: _____
Title: _____
Mailing _____
_____
_____

Signature: _____

FACILITY CLINICAL REPRESENTATIVE:

Name: _____
Title: _____
Tel #: _____

Signature: _____

For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: _____ ___/___/___ ☐ Approved ☐ Approved w/Conditions ☐ Denied

Reviewed by: _____ ___/___/___ ☐ Approved ☐ Approved w/Conditions ☐ Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.